

**IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF MARYLAND  
SOUTHERN DIVISION**

**CHARLES L. POLLARD**  
5353 House of Corrections Road  
Jessup, Maryland 20794,

***Plaintiff***

v.

**CHS TX, INC., et al.,**

***Defendants***

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**Civil Action No.: 8:23-cv-01481-PJM**

**ORDER**

This case having come before this Court upon the request of the Plaintiff for an evaluation by a neurosurgeon and MRI of the Plaintiff's thoracic spine and lumbar spine, the Plaintiff, Charles L. Pollard, through counsel, has alleged the following:

1. Plaintiff has asserted that he suffers from two distinct pathologic conditions of his back.
  - a. The first condition is a lipoma which has herniated through the musculature of the Plaintiff's lumbar region.
  - b. The second condition involves intra-spinal pathologies at multiple levels of his lumbar spine as evident on imaging studies and likely his thoracic spine in the opinion of the Plaintiff's expert, Matthew Ammerman, M.D., a neurosurgeon who submitted a report attached as an exhibit to the Plaintiff's Petition for Injunctive Relief.

2. With respect to the Plaintiff's intra-spinal pathologies, the Plaintiff has undergone spinal imaging which has included a CT scan of the lumbar spine on December 23, 2014, an MRI of the lumbar spine on March 23, 2016, another MRI of the lumbar spine on October 2, 2017 and a third MRI of the lumbar spine on October 30, 2019. All of these studies have shown intra-spinal pathology which appears to be progressive and worsening over time.
3. The CT scan of December 23, 2014 showed "marked degenerative disc changes at the L4-5 and L5-S1 levels," "cystic erosive changes involving the endplates L4-5 and L5-S1 levels" consistent with an active process which could not be excluded, "possible compression of the L5 vertebral body as there is loss of the vertebral body height" and "facet arthritic changes as described and also spinal canal narrowing of the lower lumbar spine."
4. A follow-up MRI was recommended.
5. Despite the recommendation for an MRI, no MRI was performed in 2014 or 2015. No MRI was performed until March 23, 2016.
6. The MRI of March 23, 2016 revealed "advanced degenerative disc disease at L4-5, with disc abnormality and enhancement anteriorly which may be on the basis of the disc disease at this level" and "multilevel degenerative changes in the lumbar spine," which included "diffuse disc bulge superimposed right foraminal disc protrusion, and bilateral facet hypertrophy, minimal narrowing of the ventral spinal canal, and moderate-severe right and mild left foraminal narrowing. at L2-3, diffuse disc bulge and superimposed right paracentral disc protrusion, and bilateral facet hypertrophy, mild narrowing of the central canal towards the right, and narrowing of the right subarticular zone with encroachment upon the traversing right L4 nerve root and mild bilateral neural foraminal

narrowing” at L3-4, “posterior annular fissure, diffuse disc bulging eccentric towards the right, and bilateral facet hypertrophy, mild narrowing of the central canal eccentric towards the right, narrowing of the right subarticular zone with is likely impingement of the traversing right L5 nerve root” and “severe, bilateral neural foraminal narrowing” at L4-5, “posterior annular fissure, diffuse disc bulging with a shallow central disc protrusion” and “severe left and moderate right neural foraminal narrowing” at L5-S1.

7. The MRI of October 2, 2017 revealed “degenerative disease and spondylosis which is most severe at L4-5 and L5-S1,” “degenerative changes in the lower lumbar spine with disc space narrowing endplate hypertrophy at the L4-5 and L5-S1 levels,” “broad-based right paramedian disc protrusion causing a slight sac indentation upon the right ventral aspect of the thecal sac,” “bilateral facet hypertrophy,” “minimal right subarticular recess stenosis” and “mild to moderate bilateral L3 nerve root canal stenosis, slightly greater on than right at L3-4, “diffuse annular bulging of the disc,” “hypertrophic changes in the facet joints” at L4-5 and “grade 1 anterolisthesis and diffuse annular bulging with a broad-based midline posterior bulge indenting the thecal sac” at L5-S1.
8. The final MRI performed on October 30, 2019 revealed “spondylarthritis at L4-5 and L5-S1 level with disc herniation and left and right lateral marginal osteophyte especially at L4-5 level indenting the left and right psoas muscle,” “moderate bilateral facet degeneration lateral hypertrophic changes and facet degeneration indenting the left and right L2 root in the neural foramen” at L2-3, “facet degeneration and lateral hypertrophic changes narrows left and right L3 foramina” at L3-4, “broad-based disc herniation indents the left and right L4 roots in the neural foramina” at L4-5, “left paracentral lateral disc herniation mildly indent the left L5 root in neural foramen,” “right L5 foramen is

narrowed,” “mild indentation upon the left S1 root as it is coursing towards the lateral recess by combination of the disc herniation and the facet degeneration” and “a sclerotic lesion left ilium measuring 8.2 mm which was not included on the previous examination” at L5-S1.

9. These intra-spinal pathologies are distinct, separate and apart from the Plaintiff's lipoma and lumbar muscular hernia.
10. No further imaging studies of the Plaintiff's spine have been performed since October 30, 2019.
11. Plaintiff has asserted that his condition has continued to worsen since his last MRI in October, 2019. Through counsel, the Plaintiff has reported increasing difficulties with ambulation and performance of daily activities of living and increased pain in his back with radiation to the lower extremities.
12. Plaintiff has submitted an examination report executed by Matthew Ammerman, M.D., a neurosurgeon, who has conducted a video-examination of the Plaintiff and has reviewed the Plaintiff's medical records and stated, “To a reasonable degree of medical certainty / probability . . . Mr. Pollard displays evidence of progressive myelofasciculopathy worse in the last year. He has significant weakness in both lower extremities, ambulatory dysfunction and no imaging since 2019. I am concerned that there may be thoracic spinal cord injury present superimposed on progressive lumbar spinal stenosis. I would recommend urgent imaging; this should include both MRI/CT scans of the thoracic and lumbar spine as well as bilateral lower extremity electrical testing (EMG/NCS). He must see a neurologist in combination with a spinal surgeon. time is of the essence.”

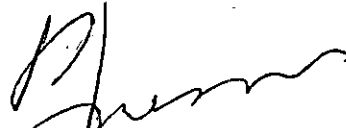
13. Despite the findings of intraspinal pathology in the studies referenced above and his complaints of pain and disability, the Plaintiff has never been evaluated by a neurosurgeon or a neurologist.
14. Plaintiff has asked that this Court order the Defendants to provide the Plaintiff with a prompt evaluation of his intra-spinal pathologies by a neurologist and neurosurgeon with repeat MRI and CT scans of the lumbar and thoracic spines and appropriate EMG/NCS studies.

Upon consideration of the Plaintiff's allegations as set forth above, it is this

14 day of February, 2024:

1. **ORDERED**, that the Defendants make all necessary arrangements to obtain CT and MRI scans of the Plaintiffs' thoracic and lumbar spine within 10-15 days of the date of this Order, and it is further.
2. **ORDERED**, that the Defendants make all appropriate arrangements to have the Plaintiff evaluated by Neal Naff, M.D., Neurosurgeon, Sinai Hospital of Maryland, 2401 W. Belvedere Ave., Baltimore, Maryland 21215 within 10 to 15 days of the date of this Order following the completion of the CT and MRI scans referred to in paragraph 1, above, and it is further
3. **ORDERED**, that the Defendants make all appropriate arrangements to have the Plaintiff evaluated by Neil Porter, M.D., Neurologist, University of Maryland Medical Center Neurology Care Center, 16 South Eutaw Street, Floor 3, Baltimore, Maryland 21201 within 10 to 15 days of the date of this Order following the completion of the CT and MRI scans referred to in paragraph 1, above, and it is further

4. **ORDERED**, that counsel for Plaintiff shall petition this Court for payment of the physician's services and diagnostic studies which will be paid by this Court. Any charges in excess of fifteen thousand dollars (\$15,000) are subject to review and approval of the Judges of this Court.



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The Hon. Peter J. Messitte  
United States District Court for the District  
of Maryland, Southern Division

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